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10/656,797		600	3734	578492001500

APPLICANTS

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** CONTINUING DATA ***** NONE /KMD/

** FOREIGN APPLICATIONS ***** NONE /KMD/

** IF REQUIRED, FOREIGN FILING LICENSE GRANTED *** SMALL ENTITY **

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Foreign Priority claimed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Met after Allowance	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119(a-d) conditions met	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		CA	9	57	5

ADDRESS

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TITLE

Devices and methods for cardiac annulus stabilization and treatment

FILING FEE RECEIVED 869	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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